

House Health Subcommittee Am. #1

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1749

House Bill No. 1686*

by deleting all language after the caption and substituting:

WHEREAS, families caring for a loved one with Alzheimer's or related dementia at home are often burdened with the excessive financial and personal costs of providing continuous care; and

WHEREAS, over half a million Tennesseans are directly affected by Alzheimer's and related dementia according to the Alzheimer's Association 2021 Facts and Figures report, which stated that 357,000 family caregivers across Tennessee provided nearly 500 million hours of unpaid care valued at over six billion dollars; and

WHEREAS, Medicare does not pay for long-term care or provide support to family caregivers; and

WHEREAS, long-term care insurance is costly and may not be affordable to low- and middle-income families and may not cover essential services for the length of time needed for an Alzheimer's patient; and

WHEREAS, providing respite and other care services to those with Alzheimer's may delay or supplant the need for transfer to a long-term skilled nursing facility, allowing for the individual with Alzheimer's to remain in their home environment; and

WHEREAS, this act is named in memoriam of Retired Colonel Thomas G. Bowden, who was born and raised in Tullahoma and was a Distinguished Military Graduate of Middle Tennessee State University. Colonel Bowden dedicated twenty-six years of service to the United States Army. A graduate of the Army War College and a recipient of the Distinguished Service Medal among other awards, he was a former commander of over 900 soldiers with



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responsibility for thirty-six nuclear capable Pershing II missile launchers. Colonel Bowden served two assignments at the Pentagon and commanded at the brigade level. Colonel Bowden was diagnosed with Alzheimer's at age sixty-three and lost his life to the disease at age sixty-eight; and

WHEREAS, this act serves as a testament to Colonel Bowden's life as well as a tribute to the loving care provided by his wife of forty-six years, Barbara; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act is known and may be cited as the "Colonel Thomas G. Bowden Act."

SECTION 2. Tennessee Code Annotated, Section 71-2-105, is amended by adding the following as a new subsection:

(e)

(1) As used in this subsection (e):

(A) "Agency" has the same meaning as "area agency on aging" as defined in § 71-2-103;

(B) "Alzheimer's disease or related dementia" means the diseases and conditions characterized by a decline in memory, language, problem-solving, and other thinking skills that affect an individual's ability to perform everyday activities;

(C) "Informal caregiver" means a spouse, adult child, relative, or friend who provides unpaid care services to an individual, in the individual's home, who suffers from Alzheimer's disease or related dementia;

(D) "Program" means the Alzheimer's and dementia care respite program created by this subsection (e); and

(E) "Respite care":

(i) Means temporary, substitute support or living arrangements to provide a brief period of relief or rest for informal caregivers; and

(ii) May include in-home care by appropriately trained individuals, or care in an adult day care, assisted living, or nursing home setting, on an intermittent, occasional, or emergency basis.

(2)

(A) There is created a pilot program within the agency known as the Alzheimer's and dementia respite care program to provide home- and community-based services.

(B) The program may be operated using the agency's respite care infrastructure existing on July 1, 2023.

(C) The agency shall report the costs of the agency's respite care infrastructure to the commission each year of the pilot.

(D) The program must:

(i) Provide respite care services for the sole benefit of individuals who are experiencing symptoms of Alzheimer's disease or related dementia and who have received a clinical diagnosis of Alzheimer's disease or dementia;

(ii) Be operated from July 1, 2023, to January 1, 2026;

(iii) Begin enrolling individuals no later than January 1, 2023, and offering services no later than July 1, 2023;

(iv) Actively serve up to one hundred fifty (150) enrollees in each calendar year of the program's operation;

(v) Give priority for enrollment to those individuals on the wait list for the current state-funded OPTIONS program as of the effective date of this act;

(vi) Exclude an individual with Alzheimer's disease or related dementia who is eligible for long-term care services under the Medical Assistance Act of 1968, compiled in chapter 5, part 1 of this title; and

(vii) Be composed of the following two (2) tiers based on a sliding fee scale:

(a) Tier 1, which is designed to provide services to those applicants with an income level that does not permit personal financing of caregiver services; and

(b) Tier 2, which is designed to provide services to those applicants with an income level that allows for cost-sharing of services between the applicant and the program.

(3) The agency shall submit a written report no later than January 15, 2024, and by January 15 each year thereafter until the close of the pilot period, to the chairs of the health and welfare committee of the senate and the health committee of the house of representatives on the status of the program. The report must include, at a minimum, the following:

- (A) The total funds spent on the program;
- (B) The amount of administrative costs to operate the program;
- (C) The number of individuals and informal caregivers served by the program;
- (D) The income ranges of the individuals and informal caregivers served by the program; and
- (E) The efficacy of the program.

(4) This subsection (e) does not create an entitlement to services through the program, and the services provided and the number of individuals served by the program are subject to appropriations by the general assembly.

SECTION 3. The commission on aging and disability is authorized to promulgate rules to effectuate the purposes of this act. The rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 4. This act takes effect upon becoming a law, the public welfare requiring it.

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AMEND Senate Bill No. 2811

House Bill No. 2120*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 68-14-703, is amended by adding the following as new subdivisions:

() "Local authority" means an authority that is either a municipality, regardless of whether the municipality is a metropolitan government, or a county;

() "Mobile food unit" means a food service establishment that is designed to be readily moveable;

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 14, Part 7, is amended by adding the following as a new section:

(a) A mobile food unit that holds a permit under this part and complies with this section and other applicable state law may operate on private property if the property owner, or property owner's designee, has given the mobile food unit permission to operate.

(b) A mobile food unit shall:

- (1) Be maintained in good operating order, as applicable;
- (2) Provide a marked waste receptacle for customers and request customers to use the receptacle;
- (3) Collect, remove, and dispose of all refuse within twenty-five feet (25') of the mobile food unit's operating area at the conclusion of service;
- (4) Submit and pass health inspections required pursuant to this part;

and



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(5) Annually submit to and pass one (1) local fire inspection anywhere in this state.

(c)

(1) A local authority shall not regulate or prohibit the operation of a mobile food unit on private property, except as provided in subdivision (c)(2).

(2) A local authority may:

(A) Enforce the health and fire inspections required pursuant to subdivisions (b)(4) and (5). This subdivision (c)(2)(A) does not permit a local authority to require the mobile food unit to submit to a local fire inspection or obtain a fire permit, if the mobile food unit provides proof that the mobile food unit has submitted to and passed one (1) local fire inspection anywhere in this state within the past year;

(B) Enforce generally applicable local laws regarding municipal offenses, including offenses against the peace and quiet, trespassing, and interference with traffic; and

(C) Regulate, restrict, or prohibit the operation of a mobile food unit in a residential zoning district unless the mobile food unit has been invited by a property owner or homeowner's association in that district to operate on private property for a social gathering or event, for a limited duration of time not to exceed eight (8) hours within a twenty-four-hour period.

(d) This section does not limit or prohibit a local authority's ability to enforce local laws governing the sale or consumption of alcoholic beverages.

SECTION 3. This act takes effect July 1, 2022, the public welfare requiring it.

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AMEND Senate Bill No. 2572

House Bill No. 2465*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 63-1-152, is amended by deleting the section and substituting:

(a) As used in this section:

(1) "Drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, coma, unresponsiveness, decreased level of consciousness, respiratory depression, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires medical assistance; and

(2) "Opioid antagonist" means a formulation of naloxone hydrochloride or another similarly acting and equally safe drug approved by the United States food and drug administration for the treatment of a drug-related overdose.

(b) A licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist acting in good faith and exercising reasonable care may, directly or by standing order, prescribe an opioid antagonist to the following:

(1) An individual at risk of experiencing a drug-related overdose;

(2) A family member, friend, or other individual in a position to assist an individual at risk of experiencing a drug-related overdose; or

(3) An organization, municipal or county entity, including, but not limited to, a center, recovery organization, hospital, school, harm reduction organization,



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homeless services organization, county jail, shelter, AIDS service organization, federally qualified health center, rural health clinic, health department, or treatment resource, for the purpose of providing an opioid antagonist to an individual who meets the criteria of subdivision (b)(1) or (b)(2).

(c) Notwithstanding another law or rule, an individual or entity acting under a standing order may:

(1) Receive and store an opioid antagonist; and

(2) Provide the opioid antagonist, directly or indirectly, and at no cost to the recipient, to an individual described in subdivision (b)(1) or (b)(2).

(d) An individual may administer an opioid antagonist to another individual if:

(1) The individual has a good faith belief that the other individual is experiencing a drug-related overdose; and

(2) The individual exercises reasonable care in administering the opioid antagonist to the other individual.

(e) The commissioner of health or the commissioner's designee, in consultation with other state, federal, or local government personnel, including contractors, shall create and maintain an online education program with the goal of educating laypersons and the general public on the administration of opioid antagonists and appropriate techniques and follow-up procedures for dealing with a drug-related overdose.

(f) The following individuals and entities are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section:

(1) A licensed healthcare practitioner who prescribes, dispenses, or issues a standing order for an opioid antagonist pursuant to subsection (b);

(2) An individual or entity that provides an opioid antagonist pursuant to subsection (c); and

(3) A licensed healthcare practitioner or other individual who administers an opioid antagonist pursuant to subsection (d).

(g) A licensed healthcare practitioner is immune from disciplinary or adverse administrative action under this title in the absence of gross negligence or willful misconduct for an act or omission during the administration of, prescription of, issuance of a standing order for, or dispensing of an opioid antagonist.

(h) The commissioner of health or the commissioner's designee shall make available recommendations for training of first responders, as defined in § 29-34-203, in the appropriate use of opioid antagonists. The recommendations must include a provision concerning the appropriate supply of opioid antagonists to first responders to administer consistent with this section.

(i) Notwithstanding another law or rule, a first responder acting under a standing order may receive and store an opioid antagonist and may provide an opioid antagonist to an individual described in subdivision (b)(1) or (b)(2).

(j) Emergency medical services shall take an individual treated for a drug-related overdose with an opioid antagonist by a first responder to a medical facility for evaluation, unless the individual is competent to refuse medical treatment and chooses to refuse treatment.

SECTION 2. Tennessee Code Annotated, Section 63-1-157(a)(2), is amended by deleting the subdivision and substituting:

(2) "Opioid antagonist" means a formulation of naloxone hydrochloride or another similarly acting and equally safe drug approved by the United States food and drug administration for the treatment of a drug-related overdose;

SECTION 3. Tennessee Code Annotated, Section 63-1-157(b)(3), is amended by deleting the language "an opiate-related overdose" wherever it appears and substituting the language "a drug-related overdose".

SECTION 4. This act takes effect July 1, 2022, the public welfare requiring it.

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AMEND Senate Bill No. 2511

House Bill No. 2537*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 63-7-123(b)(5) and (6), are amended

by deleting the subdivisions and substituting:

(5)

(A) An advanced practice registered nurse with a certificate of fitness issued pursuant to this chapter, who provides services at a site remotely from the advanced practice registered nurse's collaborating physician's practice site, may arrange for the required personal review by a collaborating physician of the advanced practice registered nurse's charts by HIPAA-compliant electronic means or in person.

(B) An advanced practice registered nurse with a certificate of fitness issued pursuant to this chapter may arrange for up to ten (10) of the twelve (12) required annual remote site visits by a collaborating physician by HIPAA-compliant electronic means rather than at the site of the clinic. All other of the required site visits by a collaborating physician to a remote site must take place in person at the site of the clinic.

(C) For purposes of this subdivision (b)(5), "HIPAA-compliant" means that the entity has implemented technical policies and procedures for electronic information systems that meet the requirements of 45 C.F.R. § 164.312.

SECTION 2. Tennessee Code Annotated, Section 63-19-107(2)(G) and (H), are amended by deleting the subdivisions and substituting:

(G)



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(i) A physician assistant authorized to prescribe drugs under this subdivision (2), who provides services at a site remotely from the physician assistant's collaborating physician's practice site, may arrange for the required personal review of the physician assistant's charts by a collaborating physician by HIPAA-compliant electronic means or in person.

(ii) A physician assistant authorized to prescribe drugs under this subdivision (2), may arrange for up to ten (10) of the twelve (12) required annual remote site visits by a collaborating physician by HIPAA-compliant electronic means rather than at the site of the clinic. All other of the required site visits by a collaborating physician to a remote site must take place in person at the site of the clinic.

(iii) For purposes of this subdivision (2)(G), "HIPAA-compliant" means that the entity has implemented technical policies and procedures for electronic information systems that meet the requirements of 45 C.F.R. § 164.312.

SECTION 3. This act takes effect upon becoming a law, the public welfare requiring it.